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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US03/33595 10/22/2003 which claims benefit of 60/420,187 10/22/2002 and claims benefit of 60/420,399 10/22/2002 *
 and claims benefit of 60/428,100 11/21/2002 *
 and claims benefit of 60/428,562 11/22/2002 *

(*Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 08/25/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

30623

TITLE

Treatment of diabetes

FILING FEE RECEIVED 365	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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